| Grease Trap | |
|-------------|--|
| Permit No | |



| Receipt No. | |
|-------------|--|
| Amount Paid | |

Application for FOG Discharge Permit

| Business Name | Phone No | | | | | |
|--|--|--|--|--|--|--|
| Parcel Tax ID # Ap | Application Date | | | | | |
| Street Address | | | | | | |
| Mailing Address | | | | | | |
| Contact Name | Title | | | | | |
| Phone NoE | mail | | | | | |
| Corporate Contact | Phone No | | | | | |
| Corporate Address(if different from above) | | | | | | |
| Property Owner's Name(if different from above) | | | | | | |
| Property Owner's Contact | | | | | | |
| Property Owner's Address | | | | | | |
| A&E Contact | Phone | | | | | |
| Plumbing Contact | Phone | | | | | |
| Type (Check any that apply) Sit-down | ☐ Take-out ☐ Drive-Thru | | | | | |
| Restaurant Type (Check one) | e | | | | | |
| ☐ Snack and/or Nonalcoholic Beverage Ba | r Bar (Alcoholic Beverages) | | | | | |
| ☐ Theater ☐ Concession Stand ☐ | ☐ Deli/Bakery ☐ Convenience store | | | | | |
| ☐ Meat Market ☐ Fish Market ☐ F | Food Manufacturing Facility | | | | | |
| ☐ Church ☐ Daycare ☐ Catering | Facility Other | | | | | |
| Institutional (Example - Hospital, Assisted Living, Newson | ursing Home, School) | | | | | |
| Maximum Seating Capacity | | | | | | |
| Hours of Operation D | Pays of Operation | | | | | |
| Approximate Number of People Serve Da | ily If serving only occurs occasionally: | | | | | |
| indicate how many weekly, monthly, etc., | per | | | | | |

| Name of Business | Date |
|---|--|
| Type of Development (Check one) Redevelopment | ☐ New Construction |
| Name of Company Servicing Interceptor | |
| Interceptor Service Schedule (Frequency of cleaning) | |
| Is there an existing grease trap on the property? | ′es □ No |
| If yes, Size gallons | |
| Does the business use only disposable dishware? | Yes 🗆 No |
| Attach a copy of the Menu. Applicable to all est printed, posted or publicized menu. | ablishments that provide a |
| I hereby certify that the above information is correct. I a any of the above information will require a re-application size of grease interceptor required. | |
| I also agree to have the grease interceptor pumped out grease interceptor company at a frequency that will main proper operating condition or be permitted as a self cleaning condition or be permitted as a self-cleaning condition or be permitted conditions and conditions | tain the grease interceptor in a |
| This permit is valid only for the specific facility, ownershindicated above. As such, it cannot be sold, transferred or | • • • |
| This permit is valid for a period of two (2) years and must without notification of the need for renewal. | t be renewed biennially with or |
| New construction shall submit civil site plans and kitcher and plumbing. | n plans showing all equipment |
| It is the applicant's responsibility to ensure adequate sizing grease interceptor. The attached grease interceptor sizes assist with the proper sizing of the required intercept submitted with the permit application for documentation put | zing worksheet is designed to or. The worksheet shall be |
| Facility's Authorized Representative Signature and Printed | Date |
| Office Use Below This Line | |
| Received by | Date |
| Site plans received | Fee - \$75.00 |
| Approved Denied(initials) | Date |



ORDINANCE NO. 031110-01 - Appendix A GREASE INTERCEPTOR SIZING WORKSHEET

| Company Calculated I | | | | | | Date | | |
|--|--|----------------|-----------------|--------|----------------|------|---------------|-------------|
| Project Location Follow these six simple steps to determine grease interceptor size. | | | | | | | | |
| Follow the | | determine grea | ase intercepti | JI SI. | ze. | | Calculated | |
| | No. of Meals Per Peak | Waste | Retention | | Storage | | Interceptor | Grease |
| | Hours | Flow Rate | Time | | Factor | | Size | Interceptor |
| Enter | | | | 1 [| | | OIZC | |
| Calculations | > X | X | | Х | | = | | X |
| Here | | | | J L | | | | |
| | Step 1 | Step 2 | Step 3 | امط | Step 4 | | Step 5 Notes: | Step 6 |
| | Number of Meals Pe | Meal | Meals per | Jeu | Formula) | | Notes. | |
| | Capacity | Factor | Peak Hour | | | | | |
| | | | T Call Floar | 1 | | | | |
| | X | = | | | | | | |
| 1 | | | | | | | | |
| | Establishment Typ | | | | Meal Facto | r | | |
| | Fast Food (45 min | | | | 1.33 | | | |
| | Restaurant (60 min | | | | 1.00 | | | |
| | Leisure Dining (90 | , | | | 0.67 | | | |
| | Dinner Club (120 r Waste Flow Rate: | mm) | | | 0.50 | | Notes: | |
| | Condition | | | | Flow Rate | | Notes. | |
| | With a Dishwashir | ng Machine | | | 6 Gallons | | | |
| 2 | Without a Dishwas | | | | 5 Gallons | | | |
| | Single Service Kite | | | | 2 Gallons | | | |
| | Food Waste Dispo | oser Only | | | 1 Gallon | | | |
| | Retention Time | | | | | | Notes: | |
| • | Commercial Kitch | | | | | | | |
| 3 | 0' | Dishwashe | er | | 2.5 Hours | | | |
| | Single Service Kite | | dina | | 1.5 Hours | | | |
| | Storage Factor | Single Ser | virig | | 1.5 HOUIS | | Notes: | |
| | JiJiago i aotoi | | | | Storage | | .10103. | |
| | Kitchen Type | | | | Factor | | | |
| | Fully Equipped Co | ommercial | | | | | | |
| 4 | | Hours of Opera | ation | | | | | |
| 4 | | 3 Hours | | | 1.00 | | | |
| | | 12 Hours | | | 1.50 | | | |
| | | 16 Hours | | | 2.00 | | | |
| | | 24 Hours | | | 3.00 1.50 | | | |
| | Single Service Kite Calculate Liquid Ca | | | | 1.30 | | Notes: | |
| 5 | | | Step 1, 2. 3. a | nd 4 | . The result i | s | | |
| | Multiply the values obtained from Step 1, 2, 3, and 4. The result is the approximate grease interceptor size for this application. | | | | | | | |
| 6 | Select Grease Interd | | | | | | Notes: | |
| | Using the approximate required liquid capacity from Step 5, select | | | t | | | | |
| | an approximate siz | e as recommer | nded by the m | anuf | acturer. | | | |



City of La Vernia Building Official P.O. Box 225 La Vernia, TX 78121 830.779.4541 Ext. 6 codeenforcement@lavernia-tx.gov

